

DECEPTION IN THERAPY: SETTING AS A MOTIVATION

A Thesis

Presented to the

Faculty of the College of Graduate Studies of

Angelo State University

In Partial Fulfillment of the

Requirements for the Degree

MASTER OF SCIENCE

by

Lynette Carrillo

May 2016

Major: Counseling Psychology

DEDICATION

To Dad, Mom, Erik, Frank Jr., Linda, Rory, Ava, and Claire:

Thank you for all of your patience, understanding and most importantly, prayers, during this process. I thank God for blessing me with such a loving and supportive family.

ACKNOWLEDGEMENTS

To the faculty at Angelo State University in the Counseling Psychology Department:

Thank you for providing me with an enriching learning environment and giving me the opportunity to do research.

To Dr. Drew Curtis:

Thank you for taking this on with me. Your encouragement and constant support helped me during this journey. Your direction and mentorship throughout this process has been outstanding. Thank you for being a wonderful advisor!

To Dr. Tay Hack:

Thank you for believing in me from the very beginning. You planted the seed that began my research journey. I am grateful for your support and encouragement in everything I set out to do.

To Dr. Jungeun Lee:

Thank you for giving me the opportunity to do research with you, I have learned so much from you. Also, thank you for being a member of my thesis committee. I appreciate your help during this process.

To Dr. Laurel Fohn:

Thank you for being on my thesis committee. You have been so kind and understanding during this journey, and I am truly thankful for that.

To Brent and Claudia Martinez:

Thank you for being great friends and giving of your time to help with the videos.

ABSTRACT

The current study investigated setting as a motivation for deception. The therapy setting was compared to a casual social situation in attempts to see if there were differences, speculating that therapy relationships involve more closeness, thus less deception endorsement/motivation. Furthermore, the orientation of benefit (self vs. other) was also explored as well as lie acceptability. Participants were recruited from Angelo State University using Sona-Systems technology in return for course credit. Participants were asked to watch stimulus videos and complete the Deception Motivation Questionnaires in response. In addition, participants completed the Revised Lie Acceptability Scale and a Demographics Questionnaire. The questionnaires were used to assess participants' use of, acceptance, and motivations for using deception. Results indicated that setting was not a motivation for deception. Overall, results indicated significant effects in the types of lie and orientation of benefit of deception. Further implications of motivational factors to use deception are discussed.

TABLE OF CONTENTS

	Page
DEDICATION	iii
ACKNOWLEDGEMENTS	iv
TABLE OF CONTENTS	vi
LIST OF TABLES	viii
INTRODUCTION	1
DECEPTION DEFINED	3
TYPES OF DECEPTION	5
MOTIVATIONS FOR WHY PEOPLE LIE	7
Self-Oriented and Other-Oriented Lies	7
RELATIONSHIPS AND DECEPTION	10
THE THERAPEUTIC RELATIONSHIP	12
Therapy Defined	12
Therapy and Deceit	13
Client Deceit	15
PURPOSE OF THE STUDY	17
Research Questions and Hypotheses	17
METHODS	20
Participants	20
Measures and Materials	21
Procedure	23
RESULTS	26
Preliminary Analyses	26
ANALYSES OF HYPOTHESES	27
Research Questions and Hypotheses	27

DISCUSSION	36
Limitations and Future Direction	43
Implications for Research	45
REFERENCES	48
APPENDIX A	54
APPENDIX B	55
APPENDIX C	58
APPENDIX D	59

LIST OF TABLES

TABLE 1. Frequency: Type of Lie Pairwise Comparisons Within Groups	29
TABLE 2. Likelihood: Type of Lie Pairwise Comparisons Within Groups.....	28
TABLE 3. Acceptability: Type of Lie Pairwise Comparisons Within Groups.....	31
TABLE 4. Agreement: Pairwise Comparisons Within Groups	33
TABLE 5. Conflict: Type of Lie Pairwise Comparisons Within Groups	35

INTRODUCTION

The simple truth is, lying is a part of everyday life. “We all lie and are lied to daily,” (Petress, 2004, p.335). Results of several studies have indicated that people lie on average, about two times a day (DePaulo & Bell, 1996; DePaulo & Kashy, 1998; Kashy & DePaulo, 1996, Vrij, 2000). While everyone lies, people differ in their motivations for using deception. Vrij (2008) provides reasons for why people lie based on the findings of several studies. He reported that the occurrence of deception can depend on the type of relationship involved. This is supported by DePaulo and Kashy’s (1998) study of deception and the emotional closeness of a relationship. Their findings indicated that the highest frequencies of lying occurred in conversations with strangers and the lowest rate occurred in conversations with spouses.

While this research suggests that deception would be less likely to occur in intimate relationships, DePaulo and Kashy (1998) found that nearly one out of every 10 social interactions in romantic relationships involve deception. Furthermore, 92% of participants admitted lying to their significant other (Cole, 2001). Despite the level of intimacy created by the evident trust and self-disclosure in a relationship, lies are told to a variety of people including significant others, spouses, and even therapists (DePaulo, 2009; Kottler & Carlson, 2011).

Knowing that deception occurs on a daily basis, it is important to understand the nuances of deception. Many people have different thoughts and understandings of what

constitutes deception and what does not. Therefore, it is important to evaluate the many shades of deception and what motivates deception to occur.

The bulk of deception studies involve the fields of social psychology, forensic psychology, and communications and with increasing focus on deception detection (see Vrij, 2008). However, little attention has been given to the setting in which detection occurs. As such, literature in this area of deception can reap benefits for forensic contexts, social relationships, dating relationships, workplace interviews and relationships, or even everyday interactions.

DECEPTION DEFINED

According to Vrij (2000, 2008) deception can be defined in various ways. He compared, and contrasted the definitions of various research studies. He found Mitchell's (1986) definition in particular remarkable as he defined deception as "a false communication that tends to benefit the communicator." However, Mitchell's definition is controversial in that it implies that unconsciously and mistakenly misleading others should be classified as deception.

Another definition considered is one proposed by Krauss (1981), and utilized by many researchers. Krauss defines deception as "an act that is intended to foster in another person a belief or understanding which the deceiver considers to be false." (Zuckerman, DePaulo, & Rosenthal, 1981, p.3).

In contrast, Burgoon and Butler's (1994) definition of deception is somewhat different from Krauss' in that they defined deception as "a deliberate act perpetrated by a sender to engender in a receiver beliefs contrary to what the sender believes is true to put the receiver at a disadvantage" (p. 155-156). This definition exemplifies the interpersonal nuances between the two parties involved in the communication. However, Vrij (year) stated that the extension of "to put the receiver at a disadvantage" (p. 156) is unfortunate as there are times when people tell lies to help the deceived appear better or to protect their feeling rather to put them at a disadvantage. In addition while deception may appear to be deliberate, some communication can be unintentionally misleading and would not be considered deceptive. For example, a person would not be considered a liar if they were to provide another with faulty directions due to a lapse in memory (Curtis, 2013). Thus, deception is

based on the intent of the sender, in that the sender is intentionally trying to convey a falsehood based on what the sender believes to be false.

Still, Krauss' definition is not entirely satisfactory as it ignores an aspect of deception that Ekman (1985, 2001) relays in his definition. Ekman (1985, 2001) argues that people are only lying when they do not inform others about their intentions in advance to using deception. Ekman's definition proposes that the deception involves the deliberate nature and hidden intent to mislead the receiver (Curtis, 2013). While Ekman's definition of deception incorporates most of the facets of deceit, Vrij (2000, 2008) argues that it still is insufficient.

Taking into consideration each of the previous definitions, Vrij (2008) offers a definition that encompasses the many dimensions of deception. Vrij defines deception as "a successful or unsuccessful deliberate attempt, without forewarning, to create in another a belief which the communicator considers to be untrue" (p. 15). Vrij's comprehensive definition addresses the deliberate and hidden agenda of deceit, which varies in successful or unsuccessful consequences from the deliberate attempt to create a false belief in the target. As a result, Vrij's definition has been widely used in recent research (e.g., Granhag & Strömwall, 2004; Hart, Filmore, & Griffith, 2009; Curtis, 2013). As such, the current study will use Vrij's definition when referring to deception.

TYPES OF DECEPTION

Lies are told on a daily basis (DePaulo, Kashy, Kirkendol, Wyer, & Epstein, 1996; DePaulo & Kashy, 1998). As such, deception can be used in various ways. Peterson (1996) defined and examined six types of deception used in intimate relationships: omission, distortion (exaggeration), half-truths, blatant lies, white lies, and failed lies.

A lie by omission occurs when an important fact is left out in order to foster a misconception and includes failures to correct pre-existing misconceptions (Peterson, 1996). An example of this type of lie would be a spouse telling his, or her husband, or wife that they are meeting with a friend; however, the spouse may leave out that they are meeting with an attractive coworker.

Another lie is distortion. According to Metts (1989), distortion involves the bending of truth rather than blatantly contradicting. Distortion involves exaggerating or minimizing relevant information with the intention to mislead. Following the previously mentioned scenario, the spouse may respond to their husband, or wife's questions after being spotted talking to the attractive coworker that they hardly ever talk to the coworker. In reality, the spouse spends most of their breaks and lunches talking to their coworker.

The third type of lie is a half-truth. A half-truth statement is defined as a statement that is literally true but misleading by implication (Peterson, 1996). An example of a half-truth would be the spouse responding to his or her significant other's query by stating truthfully that the coworker felt ill and could not eat lunch when in reality the coworker was present for lunch, but had a reduced appetite.

A fourth type of lie is a blatant lie, which does not resemble the truth in any way. Blatant lies involve the complete fabrication of a statement (Peterson, 1996). An example of a blatant lie would be the spouse responding that they did not meet with the coworker after their husband or wife's directly questions whether they met with the coworker.

A fifth type of lie is referred to as white lies or altruistic lies. White lies are a deliberate form of deception in which its purpose is to aid the target of deception rather than the deceiver (Peterson, 1996). The spouse would use a white lie to tell their husband, or wife that they enjoy their cooking, when in reality they found the meal to be distasteful (Hart, Curtis, Williams, Hathaway, & Griffith, 2014; Kaplar & Gordan, 2004; Kaplar, 2006). Falling in the same spectrum of white-lies, benevolent deception is often stated to be used by the sender to avoid harm to the receiver. This notion was expressed in a study by Kaplar and Gordon (2004) as liars in intimate relationships often claim their lies were told to protect their partner, or being based upon altruistic underpinnings.

Lastly, failed lies involve the intent to deceive without any accompanying false or potentially deceptive utterance (Peterson, 1996). Thus, the spouse may truthfully tell his, or her husband, or wife that they did not talk to the coworker due to them feeling ill and skipping lunch, when in reality the coworker was present but did not eat due to a stomachache.

MOTIVATIONS FOR WHY PEOPLE LIE

According to Vrij (2008), motivations for lying fall into three categories: (a) the oriented direction of benefit or whether it benefits the deceiver or target of deception, (b) gaining advantage or avoiding loss, and (c) for materialistic or psychological reasons (Vrij, 2008). The orientation of benefit regarding self-oriented and other-oriented lies has been especially highlighted by several researchers as being the driving factor that leads to deception (Peterson, 1996; DePaulo, et. al., 1996; Curtis, 2013).

Self-Oriented and Other-Oriented Lies

As defined by Peterson (1996), white lies are a deliberate form of deception in which its purpose is to aid the deceived rather than the deceiver. This suggests that the oriented direction of benefit from the use of deceptions differs for the self (deceiver), other (target of deception), or the relationship between the self and other. This is supported in a study by DePaulo and colleagues (1996) which researched the oriented direction of benefit, or whether deception benefits the deceiver or target of deception.

DePaulo and colleagues (1996) reported that about 50% of lies told are self-oriented which are defined as lies told to protect the deceiver from physical, emotional, and/or psychological harm or to provide the deceiver with some advantage. For example, in a self-oriented lie a person may tell others that he or she enjoys exercise, when he or she despises it, in order to avoid social rejection and gain acceptance.

Alternatively, people are also motivated to tell lies in order to benefit others or make others appear socially desirable, which are defined as other-oriented lies. Approximately 25% of lies told are other-oriented lies, which are told to protect other people from physical,

emotional, or psychological harm or to provide others with some advantage (DePaulo et al., 1996). For example, a person may be more likely to lie to a significant other about liking a choice of outfit chosen by him or her than to tell a business manager that he/she was provided with terrible customer service by an employee. This was evident in a study by Kaplar and Gordon (2004) where participants were asked to write two autobiographical narratives, one from the perspective of lie teller and the other from the perspective of lie receiver. Kaplar and Gordon (2004) expected lie receivers to interpret lie tellers' motives less altruistically. As predicted, results indicated that the same participants, when occupying the role of lie teller as opposed to lie receiver, viewed their lies as more altruistically motivated, guilt inducing, spontaneous, justified by features of the situation, and provoked by the lie receiver (Kaplar & Gordon, 2004). Similar to these findings, a study by Hart and colleagues (2014) predicted that people would be more accepting of telling lies than of having lies told to them. Hart and colleagues (2014) surveyed men and women about their attitudes toward the use of white lies and other forms of benevolent deception in their romantic relationships. It was also predicted that women would be more accepting than men of benevolent deception in their romantic relationships. Results indicated that people were more tolerant of telling benevolent lies than they were of being told such lies. Based on these previous findings, it is apparent that there is an underlying belief that benevolent lies are viewed as being appropriate forms of deception as they are considered to be altruistic in nature and for the benefit of others.

However, motivation for lying is not limited to benefiting one person. Motivation for deception can be a combination of self-oriented and other-oriented lies. According to

DePaulo and colleagues (1996), about 25% of lies serve both the interest of the self and others. For example, a person may be more likely to lie to a significant other about an infidelity to maintain the relationship. Vrij (2000) referred to these types of lies as social lies intended to promote and maintain social relationships between people (in contrast to self- or other-oriented lies that aid just one person).

RELATIONSHIPS AND DECEPTION

Relational factors, such as the closeness of a relationship, may affect the use of deception. DePaulo and Kashy (1998) explored the relationship between deception and the emotional closeness of a relationship through two diary studies, in which 147 participants' recorded their social interactions and lies for a week. Results indicated that the highest occurrence of lying occurred in conversations with strangers. In contrast, the lowest rate occurred in conversations with spouses. This study demonstrates that people lie within the context of relationships. Moreover, these findings suggest that deception would be less likely to occur in intimate relationships, and more likely to occur in non-intimate, or casual relationships. However, DePaulo and Kashy (1998) found that the frequency of lying between spouses is not a minor occurrence as it was found that nearly one out of every 10 social interactions in romantic relationships involve deception (DePaulo & Kashy, 1998).

Similarly, Cole's (2001) findings sought to further explain the use of deception in romantic relationships. In his research, the use of deception in romantic relationships was explored and the three possible explanations underlying the use of deception in romantic relationships were tested. The study recruited 256 participants (128 couples) to complete questionnaires regarding their own communicative behaviors, as well as their partners' behavior. The hypothesis was that deception would be related to the reciprocal exchange of information, the desire to avoid punishment, and individuals' attachment beliefs. Support for all three explanations regarding the use of deception was found as well as 92% of participants reported lying to their significant other. Thus, deception occurs in intimate relationships; however, it is less often than that found in casual relationships.

In addition, Peterson (1996) examined six types of deception (omission, distortion (exaggeration), half-truths, blatant lies, white lies, and failed lies) by asking 80 romantically involved male and female university students to read and respond to scenarios involving the use of deceit in couples. Participants were asked to portray their own and their partner's frequency, morality, and relationships effects in regards to deception use. In addition, self-reports of satisfaction with the couple relationship were also taken. Results indicated that all strategies (omission, half-truths, blatant lies, and failed lies) besides white lies, were judged as morally unacceptable on scales of blame, guilt, and dishonesty. Moreover, it was found that respondents used white lies most often and blatant lies least often, and perceived their partners as behaving similarly. As a result, diminished relationship satisfaction was associated with respondents' frequent use of blatant lying, partial truthfulness, and attempted deceit. Diminished satisfaction was also associated with partners' frequent use of each type of deception apart from the white lie. As such, frequent use of deception by self and partner was correlated with the belief that each type of deception was preferable to having an argument. Overall, the findings of Peterson's study (1996) suggest that the use of deceptive communication occurs and varies in intimate relationships.

THE THERAPEUTIC RELATIONSHIP

Literature on lying in social relationship uses many terms to describe the nature of a relationship such as intimate relationship, dating relationship, or spousal relationship (DePaulo & Kashy, 1996; Lindskold & Walters, 1983; Peterson, 1996). However, these close relationships do not specifically imply a romantic one. According to McDaniel (2007), close relationships can include familial relationships, friendships, and romantic relationships. A close relationship encompasses a degree of intimacy based on self-disclosure, shared interests and activities, expression of relationship issues, and comfort (Hendrick, 2004). As such, these features of a close relationship resemble the traits of the therapeutic relationship.

Therapy Defined

Similar to deception, several individuals have contributed to defining a broad construct of therapy. It is rather difficult to define psychotherapy due to the various techniques and psychotherapy theories involved. However, several authors have attempted to highlight the contractual relationship between a therapist and client. According to Torgerson (1962), psychotherapy is defined as, “helping an individual toward important, constructive, emotional re-education through transference relationship” (p.45).

Young (2001) also attempts to define psychotherapy. He states that counseling and psychotherapy can be used interchangeably and both refer to the contractual and professional relationship between a trained professional and a client. The author defined therapy as:

“Counseling and psychotherapy are professional helping services provided by trained individuals who have contracts with their clients to assist them in attaining their goals. Counselors and other psychotherapists use specific techniques to persuade,

inform, arouse, motivate, and encourage their clients and to thoroughly assess their issues and backgrounds.” (p.32)

Another definition is provided by Brent and Kolko (1998). Their definition expands upon Torgerson’s (1962) and Young’s (2001) definitions. The authors define psychotherapy as:

“Psychotherapy is a modality of treatment in which the therapist and patient (s) work together to ameliorate psychopathological conditions and functional impairment through focus on (1) the therapeutic relationship; (2) the patient’s attitudes, thoughts, affect, and behavior; and (3) social context and development” (p.17).

The common factor amongst these three definitions is that there is a relationship established between two parties. As such, it is necessary for the purpose of this study to understand traits and functioning aspects of the relationship between a client and therapist. The current study will define therapy in terms of Brent and Kolko’s (1998) as it has been used in several studies and literature (Ritvo & Papilsky, 1999; Stilwell, Galvin, & Gaffney, 2006).

Therapy and Deceit

In counseling psychology, the therapeutic relationship is based on trust and confidentiality, and requires the therapist to maintain professional boundaries in regards to physical distance and self-disclosure. However, it is within the boundaries of the therapist’s office that self-disclosure is most expected, encouraged, and appreciated (Farber, Berano, & Capobianco, 2004). Thus, an intimate and close setting is created when a client discloses personal information to a therapist. Despite the level of trust and confidentiality involved in

the therapeutic relationship, deception can still occur. Previous research about deception and intimate relationships have found that deception occurs even in the intimate space of a therapist and client interaction (Kottler & Carlson, 2011; Sosa, Gonzales, Curtis, & Hart, 2014).

Deceit in therapy was first depicted in a classic study conducted by Rosenhan (1973). The study involved eight pseudopatients, faking symptoms of hearing voices, and successfully deceiving the staff from 12 hospitals. Rosenhan's goal of utilizing deception was to gain information about the reliability of mental health professionals to assess clients, as well as examine the effects labels have on psychiatric patients. While Rosenhan's study did not focus on examining the nature of deception, the findings suggest deception can occur in settings we may not always consider, namely therapy.

While a majority of clients do not attend therapy to fake symptoms, or with the intention to be deceitful, deception does occur in therapy. A study by Sosa, Gonzales, Curtis, and Hart (2014) provides support to the claims that deception occurs within psychotherapy. In their study, participants were asked to read a series of scenarios and respond to questions regarding how often they have used or would use that type of communication within therapy if they were the client. The scenarios and questions were similar to those used in Peterson's study and corresponded to a different type of deception: blatant lies, omissions, half-truths, distortions, white lies, and failed lies. After reading each vignette, participants were asked to report the frequencies of deception used within psychotherapy and how likely they would deceive a therapist compared to other social relationships: close friend, significant other, complete stranger, family member, social acquaintance, primary care physician, and

teacher/professor. Results from the study indicated people report lying and have a high inclination to lie to therapists. These results parallel discoveries among basic and applied deception research, in that on average people tell approximately two lies per day (DePaulo et al., 2003).

Client Deceit

Farber, Berano, and Capobianco (2004) highlight that several studies have researched non-disclosure, what clients choose to tell, or not tell therapists, factors affecting disclosure, and the relationship of client disclosure to therapeutic outcome (Corsini & Wedding, 1995; Stricker, 2003). These studies have contributed to the current understanding of client self-disclosure. In addition, these studies have shown that approximately 50% of clients keep secrets from their therapists, and their motivations to leave out information stems from various motivational factors. Results from Farber and colleagues' study indicate that most clients feel that therapy is a safe place to disclose, especially due to the therapeutic relationship. Additionally, results indicated that while the disclosure process initially presents feelings of shame and anxiety, disclosure ultimately produces feelings of safety, pride, and authenticity (Farber et al., 2004). Moreover, findings indicated that participants felt that keeping secrets inhibits the work of therapy, whereas disclosure produces a sense of relief from physical as well as emotional tension. However, the study articulated contradictory sentiments expressed by participants; while participants affirm that disclosure is always better than nondisclosure, they still suggest that at times it is acceptable "not to tell." These findings suggest clients may struggle with being completely honest with their therapist due to other unknown or undiscovered motivations.

Similar to Farber and colleagues (2004) findings, *Duped*, a book by Kottler and Carlson (2011), presents a compilation of various tales of client deceit, the consequences of the deceit, and the therapist's evaluation of the situation. The collection of various stories of client deception provides an understanding of the wide spectrum of client deceit, including clients' various motivations to lie. Overall, Kottler and Carlson published accounts of client deceit ranging from outright lies to lies of omission and included self-oriented and other-oriented motivations.

PURPOSE OF THE STUDY

While deception has received considerable attention, and there has been an increase of literature pertaining to therapy and deception (Kottler & Carlson, 2011; Curtis & Hart, 2015), few studies have focused on setting of an interaction as a motivation to lie. That is, does the setting in which an interaction occurs motivate deception? This question is important when considering the nature of counseling psychology in which the therapeutic relationship involves the sharing of private and intimate details by clients to their therapists. As shown by previous studies (Peterson, 1996; DePaulo et al., 1996, 1998, & 2003) the nature of deception is multifaceted and differs within a variety of relational contexts. Knowing that people do lie in therapy, the primary goal is to look at why people may lie in therapy. As such, this study examined how motivational factors to lie may vary based on social situational factors by comparing a therapy situation versus a social/casual situation. Thus, the purpose of this study was to compare therapy to other situations (namely a casual social situation) in attempts to see if there are differences, speculating that therapy relationships involve more closeness, thus less deception endorsement/motivation. Furthermore, the orientation of benefit (self vs. other) was also explored as well as lie acceptability to enhance and add to the current knowledge of deception.

Research Questions and Hypotheses

Question 1. Does the social situational setting of an interaction motivate the frequency and likelihood of deception to occur?

Hypothesis 1. The participant's reported frequency and likelihood to use deception in the social setting will be greater than the occurrence of deception in the therapy condition.

Question 2. What is the level of acceptability of using deception in a social interaction?

Hypothesis 2A. People will hold beliefs that lying in social situations is more acceptable than unacceptable. In addition, it is expected that there will be a correlation between acceptability of lying in social situations with a global acceptability of lying, indicated by the Revised Lie Acceptability Scale.

Hypothesis 2B. People will view lying in social interactions more acceptable compared to the therapy interaction settings.

Question 3. What is the level of agreement for using deception in a social interaction setting, or therapist interaction setting?

Hypothesis 3. People will agree with the use of deception in a social setting. More specifically, it is predicted that the level of agreement for using deception in a social interaction will be greater for self-oriented lies compared to other- or both-oriented lies.

Question 4. What are the relational effects of using deception in a social interaction, or therapist interaction?

Hypothesis 4. People will view deception as being destructive compared to being helpful to the relationship in both settings. Specifically, the use of deception will be viewed as being destructive to the relationship compared to being destructive to themselves, or the other person. As such, deception will be viewed as being more destructive to the relationship in the therapy interaction setting compared to the social interaction setting.

Question 5. Would people prefer to use deception versus having a conflict with another person in the social interaction setting, or therapy interaction setting?

Hypothesis 5. People will endorse the use of deception for both settings in order to avoid conflict.

METHODS

Participants

The sample size for the current study was calculated by using G*Power (Faul, Erdfelder, Buchner, & Lang, 2009). For computing a priori sample size with parameters of an effect size of .5, alpha .05, the sample size needed is 45. For computing a one-way ANOVA with effect size f of .4, alpha .05, 2 groups, with 3 measurements, the sample size needed was 84.

The current study was submitted to the Angelo State University Institutional Review Board for approval. After receiving IRB approval, 108 participants were recruited using the Angelo State University undergraduate student participant pool via Sona-Systems and voluntarily participated in exchange for course credit.

The self-reported gender of the participants were 84 women (77.8%) and 24 men (22.2%). Participants ranged in age from 18 to 38 years ($M = 19.78$, $SD = 2.80$). The self-reported racial/ethnic composition of the sample included African American/Black (7.4%), Caucasian/European American (50.9%), Asian/Asian American/Pacific Islander (1.9%), Hispanic/Latina/Latino (32.4%), Bi-Racial (4.6%) and Multi-racial (2.8%). The college classification of the participants included (50.9%) Freshmen, (25%) Sophomores, (14.8%) Juniors, and (9.3%) Seniors. Participants also indicated their highest level of education as (5.6%) having completed high school, (91.7%) having completed some college, and (2.8%) having completed a 4 year college degree.

Measures and Materials

This study used four measures: Demographics Questionnaire, Deception Motivation Questionnaire and The Revised Lie Acceptability Scale.

Demographics Questionnaire. Participants were asked to complete the Demographics Questionnaire (Appendix A). The questionnaire asks participants to provide information about age, sex, gender, Race/ethnicity, and education.

Motivation for Deception Questionnaire. The Motivation for Deception Questionnaire (MDQ; Appendix B) was constructed by the researcher to assess people's use of deception and their motivations towards the contexts in which it is used. In the current study, the Motivation for Deception Questionnaire was considered to have a high level of internal consistency ($\alpha = .81$). The MDQ consists of 10 Likert-type items which are rated using Likert-type scale response anchors and explore the motivations for deception use. The first six items are rated on a 7 point Likert-type rating scale, while the last four items involve a 5 point Likert-type rating scale. The items explore the frequency and likelihood of using deception, the level of acceptability of deception, level of agreement of deception, relational effects of deception, and preference of using deception over arguments.

The first item asks participants to indicate their frequency of deception use similar to the deception type displayed in the video. Participants indicate their answers on a 7 point Likert-type rating scale (1 = never, 7 = every time). The second item asks participants to indicate the level of likelihood they would use a similar type of deception displayed in the video stimulus on a 7 point Likert-type rating scale (1 = extremely likely, 7 = extremely unlikely). The following three items ask participants to indicate their level of agreement in

using deception for the benefit of themselves, the other person, and the relationship on a 7 point Likert-type rating scale (1 = strongly disagree, 7 = strongly agree). These items were extrapolated from a study by DePaulo and colleagues (1996) in which self-oriented lies, other-oriented lies, and both oriented lies were explored. The last four items are adaptations of the questions developed by Peterson (1996). The seventh, eighth, and ninth items ask participants to indicate what effect they believe the frequent use of deception displayed in the video stimuli would have on themselves, the other person, and the relationship. For each question, participants give their response using a 5 point Likert-type rating scale (1 = extremely helpful, 5 = extremely destructive). The last item asks participants to indicate on a 5 point Likert-type rating scale their choice between using deception versus having an argument with the alternate person.

The Revised Lie Acceptability Scale. Participants were asked to complete the Revised Lie Acceptability Scale (Appendix C). The lie acceptability scale published by Oliveira and Levine (2008), is a self-report measure of lie acceptability that uses eight Likert-type items with a seven-point response format (7 = strongly agree, 1 = strongly disagree). The validity of the scale is provided by the results of a confirmatory factor analysis done by Oliveira and Levine which indicates the scale as being an acceptable fit to a unidimensional model. In their study, the scale was a highly reliable measure ($\alpha = .83$). In the current study, the Revised Lie Acceptability Scale was considered to be an acceptable measure ($\alpha = .79$).

Videos and Video Scripts. The videos involved in this study were constructed by the researcher. Two actors were recruited and asked to perform short scripts (Appendix D) constructed by the researcher. The scripts used in the videos are based on Peterson's study

(1996) in which similar scripts were used to display six types of deception. However, the scripts in the current study were modified to allow the same scripts to be used for both the therapist interaction and social interaction conditions. Each script demonstrated one of the following types of deception: omission, distortion (exaggeration), half-truths, blatant lies, white lies, and failed lies.

The scripts were performed and recorded in two settings, and included the same actors for both settings. One setting took place in a therapist-like session, in which the actors interacted in a room set-up to look like a therapist's office. The actors were presented to look like a therapist and client in a therapy session. The setting where the social interaction took place was in a park to represent a casual location. The actors appeared to be two friends, or classmates conversing in a casual setting. The role of "Person A" (deceived) was played by a female actress in each of the videos for both settings. The role of "Person B" (deceiver) was played by a male actor in each of the videos for both settings. Each role was labeled as "Person A" and "Person B" using video editing software to allow participants to know the role of each actor.

Procedure

Participants were recruited from the Angelo State University via Sona-Systems technology, a website that allows students to sign up for studies and voluntarily participate in exchange for course credit or extra credit in psychology courses. By utilizing the Sona-System website, participants accessed the online study by following the direct link that will direct them to a secure research administration site named Psychdata (Locke & Keiser-Clark,

2012). Through Psychdata, participants were able to access the online study. Participants then had the opportunity to watch and evaluate the six videos via computers using Psychdata.

Before the study began, participants were asked to type in their name, and click on the “Continue” button, to indicate their agreement to participate in the study. The informed consent discussed the nature and purpose of the study, the eligibility requirements to participate, the potential risks and benefits to the participant, and the right to terminate participation. Participants were asked to carefully read the informed consent before typing their name. After participants provided consent, directions were given to help participants navigate through the study.

Participants were randomly assigned to either the social interaction condition, or the therapy condition. Thus, participants in the therapy condition were asked to view the six types of deception in a therapy context and participants in the social condition were asked to view the 6 types of deception in a social/casual setting. However, for both conditions the sequence of videos mirrored the order of the vignettes used in Peterson’s (1996) study: 1) Omission scenario, 2) Half-truth scenario, 3) White Lie scenario, 4) Exaggeration scenario, 5) Blatant Lie scenario, 6) Failed Lie scenario.

The first task participants were instructed to complete was viewing the six types of deception videos, and filling out the Motivations for Deception Questionnaire (Appendix B) upon the completion of each video. Following the videos and Motivations for Deception Questionnaire, participants were prompted to complete the Revised Lie Acceptability Scale. Lastly, participants were directed to the Demographics Questionnaire (Appendix A) which asked participants to provide information about age, sex, gender, ethnicity and race, and

education. The last component of the study allowed participants to read the debriefing form, which provided further research and background on the study.

RESULTS

Preliminary Analyses

The current study recruited a total of 120 participants. Data were reviewed prior to analyses to determine exclusion procedures for any cases of missing data. Of the 120 participants, nine participants completed the demographics questionnaire, but did not give ratings to the questionnaires, and three participants were duplicates, in that they participated twice. These data were excluded from analyses. Thus, the total number of participants who were included in the statistical analyses of hypotheses was 108. After determining the data to be included in analyses, the statistical findings from the major research hypotheses are presented.

ANALYSES OF HYPOTHESES

The current research project investigated five major research questions.

Research Questions and Hypotheses

Question 1. Does the social situational setting of an interaction motivate the frequency and likelihood of deception to occur?

Hypothesis 1. Based on previous findings, it was predicted that the reported frequency and likelihood to use deception in the social setting would be greater than the occurrence of deception in the therapy condition. To test this hypothesis, a mixed ANOVA compared the frequency of using deception with types of lies as the repeated measures variable and setting as the between measures variable. There was a statistically significant main effect of the type of lie rated, $F(5, 99) = 11.87, p < .001, \eta_p^2 = .38$ in which there was a greater frequency to use certain some types of lies, and others less often. Contrary to predictions, there was not a significant difference between groups, $F(5, 99) = 1.33, p = .26, \eta_p^2 = .06$ indicating there was not a greater frequency to use deception in the social setting compared to the therapy setting. Pairwise comparisons revealed several significant comparisons as seen in Table 2. Higher ratings indicate greater frequency of use.

Table 1. Frequency: Type of Lie Pairwise Comparisons Within Groups

<i>Type of Lie</i>	<i>Mean (SD)</i>	<i>Types of Lie</i>	<i>Mean (SD)</i>	<i>Mean Diff.</i>	<i>Sig.</i>
<i>Omission</i>	2.90 (1.41)	White Lie	4.02 (1.53)	-1.135	.000*
		Half Truth	2.70 (1.22)	.183	.385
		Exaggeration	3.09 (1.31)	-.201	.261
		Blatant Lie	2.88 (1.41)	.017	.926
		Failed Dec.	3.09 (1.26)	-.189	.250
<i>Half Truth</i>	2.70 (1.22)	White Lie	4.02 (1.53)	-1.317	.000*
		Exaggeration	3.09 (1.31)	-.384	.029*
		Blatant Lie	2.88 (1.41)	-.165	.399
		Failed Dec.	3.09 (1.26)	-.372	.041*
<i>White Lie</i>	4.02 (1.53)	Exaggeration	3.09 (1.31)	.934	.000*
		Blatant Lie	2.88 (1.41)	1.152	.000*
		Failed Dec.	3.09 (1.26)	.945	.000*
<i>Exaggeration</i>		Blatant Lie	2.88 (1.41)	.218	.192
		Failed Dec.	3.09 (1.26)	.012	.927
<i>Blatant Lie</i>		Failed Dec.	3.09 (1.26)	-.206	.182

*. The mean difference is significant at the .05 level.

A mixed ANOVA compared the likelihood to use deception with types of lies as the repeated measures variable and setting as the between measures variable. There was a significant main effect of the type of lie rated, $F(5, 101) = 11.58, p < .001, \eta_p^2 = .36$ in which there was a greater likelihood to use certain some types of lies compared to others. Contrary to the hypothesis, there was not a significant difference between groups, $F(5, 101) = 1.49, p = .20, \eta_p^2 = .07$ indicating there was not a greater likelihood to use deception in the social setting compared to the therapy setting. Pairwise comparisons revealed several significant comparisons as shown in Table 1. Higher ratings indicate greater likelihood of use.

Table 2. Likelihood: Type of Lie Pairwise Comparisons Within Groups

<i>Types of Lie</i>	<i>Mean (SD)</i>	<i>Types of Lie</i>	<i>Mean (SD)</i>	<i>Mean Diff.</i>	<i>Sig.</i>
<i>Omission</i>	2.81 (1.53)	Half Truth	2.64 (1.53)	.157	.403
		White Lie	4.21 (1.68)	-1.404	.000*
		Exaggeration	3.41 (1.54)	-.604	.007*
		Blatant Lie	3.19 (1.73)	-.380	.059
<i>Half Truth</i>	2.64 (1.53)	Failed Dec.	3.57 (1.63)	-.759	.000*
		Omission	2.81 (1.53)	-.157	.403
		White Lie	4.21 (1.68)	-1.562	.000*
		Exaggeration	3.41 (1.54)	-.761	.000*
<i>White Lie</i>	4.21 (1.68)	Blatant Lie	3.19 (1.73)	-.537	.009*
		Failed Dec.	3.57 (1.63)	-.916	.000*
		Exaggeration	3.41 (1.54)	.801	.000*
		Blatant Lie	3.19 (1.73)	1.024	.000*
<i>Exaggeration</i>		Failed Dec.	3.57 (1.63)	.645	.001*
		Blatant Lie	3.19 (1.73)	.224	.241
		Failed Dec.	3.57 (1.63)	-.155	.408
<i>Blatant Lie</i>	3.19 (1.73)	Failed Dec.	3.57 (1.63)	-.379	.027*

*. The mean difference is significant at the .05 level.

Question 2. What is the level of acceptability of using deception in a social interaction?

Hypothesis 2A. People will hold beliefs that lying in social situations is more acceptable than unacceptable. In addition, it was expected that there would be a correlation discovered between the acceptance of lying in social situations and the global acceptability of lying indicated by the RLAS. An acceptability variable was computed by calculating an average score for the acceptability rating for each type of lie. One-sample *t*-tests were conducted on each group's average acceptability score to determine if they were significantly different from an anchor of 4 (i.e., neutral), which would indicate a statistically significant difference in acceptability. To avoid an increased Type I error due to running two *t*-tests, a

Bonferroni adjustment was applied (Bonferroni correction = .025). Consistent with the hypothesis, lie acceptability scores for the therapy condition on the MDQ was significantly lower by a mean of 3.08, $SD = 1.35$, 95% CI [-1.14 to -0.71], than a neutral lie acceptability score of 4.0, $t(50) = -8.75$, $p < .001$ indicating deception was perceived to be unacceptable in the therapy setting. However contrary to the prediction, lie acceptability scores for the social condition on the MDQ were also significantly lower by a mean of 3.44, $SD = 1.33$, 95% CI [-0.78 to -0.35], than a neutral lie acceptability score of 4.0, $t(53) = -5.35$, $p < .001$ indicating deception in the social setting was also perceived to be unacceptable. Additionally, one-sample t -tests were conducted on each group's average RLAS score to determine if they were significantly different from an anchor of 32 (mid-point), which would indicate a statistically significant difference in lie acceptability (Bonferroni correction = .025). Consistent with the prediction, lie acceptability scores for the therapy condition on the RLAS were significantly lower by a mean of 23.35, $SD = 8.12$, 95% CI [-10.91 to -6.40], than a mid-point lie acceptability score of 32, $t(51) = -7.70$, $p < .001$. Further, lie acceptability scores for the social condition on the RLAS were significantly lower by a mean of 22.71, $SD = 8.16$, 95% CI [-11.50 to -7.08], than a mid-point lie acceptability score of 32, $t(54) = -8.44$, $p < .001$.

Bivariate correlations were computed between the RLAS score and the total acceptability score to see if there was a notable relationship. Consistent with predictions, there was a significant correlation found between the RLAS and total lie acceptability score, $r = -0.20$, $n = 105$, $p = 0.04$, indicating a relationship between the two variables.

Hypothesis 2B. People will view lying in social interactions more acceptable compared to the therapy interaction settings. A mixed ANOVA compared the level of

acceptability of using deception with types of lies as the repeated measures variable and setting as the between measures variable. There was a significant main effect of the type of lie rated, $F(5, 99) = 12.85, p < .001, \eta_p^2 = .39$. In support of the hypothesis, there was a significant difference between groups, such that people in the social condition ($M = 3.44, SD = .78$) gave deception a better acceptability rating compared to those in the Therapy group ($M = 3.08, SD = .76$), $F(5, 99) = 5.80, p = .018, \eta_p^2 = .05$. In addition, there was a significant interaction between type of deception and group, such that there was a significant difference in the rating of people in rating of omission social condition ($M = 3.27, SD = 1.42$) significantly compared to those in the Therapy group ($M = 2.37, SD = 1.01$) $F(5, 99) = 3.48, p = .006, \eta^2 = .15$. Pairwise comparisons within groups revealed several significant comparisons as shown in Table 3. Higher ratings indicate greater acceptability.

Table 3. Acceptability: Type of Lie Pairwise Comparisons Within Groups

<i>Type of Lie</i>	<i>Mean (SD)</i>	<i>Types of Lie</i>	<i>Mean (SD)</i>	<i>Mean Diff.</i>	<i>Sig.</i>
<i>Omission</i>	2.80 (1.30)	Half Truth	3.22 (1.39)	-.431	.007*
		White Lie	3.82 (1.50)	-1.029	.000*
		Exaggeration	3.76 (1.24)	-.977	.000*
		Blatant Lie	2.90 (1.36)	-.109	.510
		Failed Dec.	3.06 (1.39)	-.259	.107
<i>Half Truth</i>	3.22 (1.39)	White Lie	3.82 (1.50)	-.599	.003*
		Exaggeration	3.76 (1.24)	-.546	.002*
		Blatant Lie	2.90 (1.36)	.321	.039*
		Failed Dec.	3.06 (1.39)	.172	.311
<i>White Lie</i>	3.82 (1.50)	Exaggeration	3.76 (1.24)	.053	.760
		Blatant Lie	2.90 (1.36)	.920	.000*
		Failed Dec.	3.06 (1.39)	.770	.000*
<i>Exaggeration</i>	3.76 (1.24)	Blatant Lie	2.90 (1.36)	.867	.000*
		Failed Dec.	3.06 (1.39)	.717	.000*
<i>Blatant Lie</i>		Failed Dec.	3.06 (1.39)	-.150	.288

*. The mean difference is significant at the .05 level.

Question 3. What is the level of agreement for using deception in a social interaction setting, or therapist interaction setting?

Hypothesis 3. People will agree with the use of deception in a social setting. More specifically, it is predicted that the level of agreement for using deception in a social interaction will be greater for self-oriented lies compared to other- or both-oriented lies. A repeated measures MANOVA compared the level of agreement with orientation (self, other, and relationship) and types of lies as the repeated measures variables and setting as the between measures variable. There was a statistically significant main effect of the type of lie rated, $F(5, 97) = 16.27, p < .001, \eta_p^2 = .46$. As predicted, there was a statistically significant difference between groups, $F(5, 97) = 2.70, p = .025, \eta_p^2 = .80$, indicating people agreed more with the use of deception in a social setting compared to lying in the therapy interaction setting. There was a statistically significant main effect of the orientation of benefit (self, other, and relationship), $F(2, 100) = 3.67, p < .029, \eta_p^2 = .07$. While not expected, there was a significant difference in orientation of benefit based on type of deception as shown in Table 4 indicating people had a greater agreement for certain types of deception based on the benefit of orientation.

Table 4. Agreement: Pairwise Comparisons Within Groups

	Omission		Half Truth		White Lie	
<i>Orientation of benefit</i>	<i>Other</i>	<i>Relationship</i>	<i>Self</i>	<i>Other</i>	<i>Self</i>	<i>Other</i>
<i>Mean (SD)</i>	2.79 (1.51)	3.20 (1.61)	3.06 (1.54)	2.77 (1.43)	3.91 (1.65)	4.79 1.58)
<i>Mean Diff.</i>	-.417		.290		-.879	
<i>Sig.</i>	.001		.019		.000	
	Failed Lie					
<i>Orientation of benefit</i>	<i>Self</i>	<i>Other</i>	<i>Self</i>	<i>Relationship</i>	<i>Self</i>	<i>Relationship</i>
<i>Mean (SD)</i>	3.90 (1.55)	3.23 (1.59)	3.06 (1.54)	2.84 (1.43)	3.91 (1.65)	4.51 1.63)
<i>Mean Diff.</i>	.670		.215		-.607	
<i>Sig.</i>	.000		.042		.000	
			Exaggeration			
<i>Orientation of benefit</i>	<i>Self</i>	<i>Relationship</i>	<i>Self</i>	<i>Other</i>	<i>Other</i>	<i>Relationship</i>
<i>Mean (SD)</i>	3.90 (1.55)	3.58 (1.59)	4.07 (1.62)	3.46 (1.46)	4.79 (1.58)	4.51 1.63)
<i>Mean Diff.</i>	.321		.610		-2.71	
<i>Sig.</i>	.034		.000		.013	
					Blatant Lie	
<i>Orientation of benefit</i>	<i>Other</i>	<i>Relationship</i>	<i>Self</i>	<i>Relationship</i>	<i>Other</i>	<i>Relationship</i>
<i>Mean (SD)</i>	3.23 (1.59)	3.58 (1.59)	3.06 (1.54)	2.77 (1.43)	3.34 (1.64)	3.60 (1.67)
<i>Mean Diff.</i>	-.349		.638		-.262	
<i>Sig.</i>	.004		.000		.024	

Question 4. What are the relational effects of using deception in a social interaction, or therapist interaction?

Hypothesis 4. People will view deception as being destructive compared to being helpful to the relationship in both settings. Specifically, the use of deception will be viewed

as being destructive to the relationship compared to being destructive to themselves, or the other person. As such, deception will be viewed as being more destructive to the relationship in the therapy interaction setting compared to the social interaction setting.

A repeated measures MANOVA compared the ratings of the effect of deception with orientation (self, other, and relationship) and types of lies as the repeated measures variables and setting as the between measures variable. Contrary to the prediction, there was not a statistically significant interaction in type of lie that resulted in a difference between groups, $F(5, 91) = 1.88, p = .106, \eta_p^2 = .093$. There was a significant main effect of the type of lie rated, $F(5, 91) = 6.88, p < .001, \eta_p^2 = .27$. was not perceived to be more destructive to one setting compared to the other. Contrary to the prediction that the level of destructiveness would be greater for the relationships, results indicated there was a significant main effect of the level of destructiveness rated, such that the mean ratings of destructiveness were significantly different for self ($M = 3.38, SD = .56$) and others ($M = 3.26, SD = .56$), $p = .001$, but not significantly different between self ($M = 3.38, SD = .56$) and relationship ($M = 3.35, SD = .61$), $p = .433$. Mean ratings of destructiveness were also significantly different between relationship ($M = 3.35, SD = .61$) and others ($M = 3.26, SD = .56$), $p = .005$. Opposing to the hypothesis, there was not a significant difference in level of destructiveness based on groups, $F(5, 94) = 1.13, p = .326, \eta_p^2 = .024$ indicating deception

Question 5. Would people prefer to use deception versus having a conflict with another person in the social interaction setting, or therapy interaction setting?

Hypothesis 5. People will endorse the use of deception for both settings in order to avoid conflict. A mixed ANOVA compared ratings of preference to use deception compared

to preference of having a conflict, with types of lies was the repeated measures variable and setting as the between measures variable. There was a significant main effect of the type of lie rated, $F(5, 99) = 5.90, p < .001, \eta_p^2 = .23$. As predicted, there was not a significant difference between groups indicating deception was preferred in both settings as a means to avoid conflict, $F(5, 99) = 1.16, p = .33, \eta_p^2 = .06$. Pairwise comparisons revealed significant comparisons within types of lies as shown in Table 4. Higher ratings indicate greater preference to use certain lies compared to other types of deception as conflict avoidance.

Table 5. Conflict: Type of Lie Pairwise Comparisons Within Groups

<i>Types of Lie</i>	<i>Mean (SD)</i>	<i>Types of Lie</i>	<i>Mean (SD)</i>	<i>Mean Diff.</i>	<i>Sig.</i>
<i>Omission</i>	2.71 (1.22)	Half Truth	3.10 (1.17)	-.386	.003*
		White Lie	3.13 (.96)	-.415	.002*
		Exaggeration	2.70 (1.03)	.015	.922
		Blatant Lie	3.06 (1.17)	-.345	.016*
		Failed Dec.	2.81 (1.08)	-.090	.535
<i>Half Truth</i>	3.10 (1.17)	White Lie	3.13 (.96)	-.029	.830
		Exaggeration	2.70 (1.03)	-.401	.004*
		Blatant Lie	3.06 (1.17)	.041	.771
		Failed Dec.	2.81 (1.08)	.296	.033*
<i>White Lie</i>	3.13 (.96)	Exaggeration	2.70 (1.03)	.430	.001*
		Blatant Lie	3.06 (1.17)	.070	.600
		Failed Dec.	2.81 (1.08)	.325	.014*
		Blatant Lie	3.06 (1.17)	-.359	.005*
<i>Exaggeration</i>	2.70 (1.03)	Failed Dec.	2.81 (1.08)	-.105	.343
		Failed Dec.	2.81 (1.08)	.254	.040*
<i>Blatant Lie</i>	3.06 (1.17)	Failed Dec.	2.81 (1.08)		

*. The mean difference is significant at the .05 level.

DISCUSSION

This research contributes to our understanding of the role of deception, specifically in examining motivational factors for deception. Knowing that deception occurs on a daily basis, and in relationships of varying levels of intimacy, it is important to explore whether the setting of an interaction affects the occurrence of deception. Exploring this connection, five predictions were made regarding whether the setting of an interaction affects the likelihood to use deception, frequency of deception uses, the orientation of benefit to use deception, relational effects of using deception, and preference to use deception to avoid conflict. Overall, the majority of findings indicated that the use of deception was endorsed in both settings, and that therapy and social situations are not distinctly different in eliciting deception.

A series of analyses examined whether the social situational setting of an interaction would motivate the frequency and likelihood of deception to occur. The findings did not support Hypothesis 1, which predicted that participant's reported frequency and likelihood to use deception in the social setting would be greater than the likelihood to use deception in the therapy condition. These findings indicate that these specific settings do not influence the reported frequency of using deception. However, results indicated overall that there was a significant effect amongst types of deception. Specifically, white lies were significantly more likely to be used in both conditions compared to lies by omission, half-truths, exaggeration, blatant lies, and failed lies. In addition, white lies were reported as also being significantly used more frequently compared to the other five types of deception. These findings that white lies are more likely and frequently to be used are congruent with the findings of

Peterson's (1996) study which found that respondents used white lies most often compared to other types of deception. These findings further support that deception is a part of everyday life, and the notion that white lies are the most common type of deception used.

The second research question examined the level of acceptability of using deception in a social interaction. Hypothesis 2 predicted that people would hold beliefs that lying in social situations as more acceptable than unacceptable; however, the hypothesis was not supported. Contrary to the hypothesis, collectively, lie acceptability scores for the condition on the MDQ were significantly lower indicating deception in both conditions was viewed as being more unacceptable than acceptable. Similar findings were reported in a study by Bryan (2008). In Bryan's study, participants were asked to rate varying levels of deceit. Results indicated that participants perceived real lies as being unacceptable, malicious, self-serving, and complete fabrications of the truth that held serious consequences. The results of this study are congruent with Bryan's (2008) findings of the perceptions of deception being unacceptable due to the negative attributed associations. Participants may have associated deception in both settings with negative attributions as found in Bryan's study. Overall, deception may have been found to be a negative form of communication for both the therapeutic and social setting. In addition, the current study expected that a correlation would be found between acceptability of lying in social situations with a global acceptability of lying, indicated by the Revised Lie Acceptability Scale. Contrary to the prediction, results indicated a significant correlation between the RLAS and total lie acceptability, which was not specific to the social situation. These findings indicate that overall, the endorsement of deception in both the therapy and social setting is correlated with a global acceptability of

lying indicated by the Revised Lie Acceptability Scale. As such, the use of the RLAS may be a helpful in determining the endorsement of using deception.

Results supported Hypothesis 2B, which expected that people would view lying in social interactions more acceptable compared to the therapy interaction settings. Results indicated that white lies received the highest acceptability rating, and was significantly more acceptable to use compared to lies by omission, half-truths, blatant lie, and failed lie.

Previous research has found that deception is perceived as being more acceptable in social interaction settings. Turner and colleagues (1975) asked 130 subjects to record and analyze the veracity of their statements in natural conversation. Only 38.5% of these statements were labeled completely honest, while the remaining 61.5% of conversational statements used by participants were considered to be deceptive by the students themselves. Students indicated that deception was common and socially acceptable to use. In addition, Turner and colleagues (1975) identified five motivations for the students' use of deceptive communications; 55% used deception to save face, 22% to avoid tension or conflict, 9% to guide social interactions, 9% to affect interpersonal relationships, and 3% to achieve interpersonal power. Overall, the authors concluded that non-intimate relationships involved more distortions of truth compared to more significant relationships. The results of the current study contradict the findings of Turner and colleagues (1975). While findings that there was a significant difference found between the acceptability ratings of the social setting and therapy setting support Hypothesis 2B, deception was found to be unacceptable overall. Deception in the social settings was found to be unacceptable rather than acceptable. Discrepancies in findings may be as a result of participants in the current study having a

generalized perception that deception is negative in any context and is not specific to one setting. As described by Bryan's (2008), deception is viewed as being unacceptable due to the negative attributed associations. Participants may have associated deception as being malicious, self-serving, and complete fabrications of the truth that held serious consequences as found in Bryan's study. As a result, deception was perceived overall as being unacceptable in both the therapy and social situations.

While deception was perceived to be unacceptable in both settings, white lies received the greatest rating of acceptability. The findings of the current study may be explained by the results indicated in Seiter, Brushke, and Bai's (2002) study. In their study, U.S. students rated the acceptability of selfish lies targeted at a teacher much lower on an acceptability scale, compared to the ratings of altruistic lies that benefit the other in the same teacher-to-student relationship. It was found that the closer the relationship between the student and the teacher, the less likely the student felt comfortable in telling a lie to the teacher (Seiter, 2002). These findings support the notion that the perceived closeness of the relationship alters the type of deception used. White lies, which were rated highest for acceptability, are often considered to be altruistic lies. As such, altruistic lies have been rated as considerably more acceptable than selfish lies (Lindskold & Walters, 1983). Saxe (1991) indicates that white lies are considered a "social lubricant" in communication because they allow the communicator to censor negative thoughts and truths that might otherwise be harmful to the receiver. As a result, white lies are commonly and socially acceptable because they are perceived to be altruistic in nature (DePaulo & Kashy, 1998).

The third question examined the level of agreement for using deception in a social interaction setting, or therapist interaction setting. Hypothesis 3 was supported as it was predicted that people would agree with the use of deception in a social setting. More specifically, it was predicted that the level of agreement for using deception in a social interaction would be greater for self-oriented lies compared to other- or both-oriented lies. For both settings, there was an overall agreement to use deception for the benefit of self, compared to using deception for the benefit of others. These findings mirror DePaulo and colleagues' (1996) findings in which participants in their study agreed to using more self-oriented lies than other-oriented lies. About 50% of lies told are self-oriented lies (DePaulo, et al., 1996). DePaulo and colleagues (1996) express that self-oriented lies are told to protect liars from physical, emotional, and/or psychological harm or to provide liars with some advantage. Self-oriented lies serve the best interest of the deceiver rather than the other. In addition, Vrij (2000) argues that using honesty in every instance would lead to awkward social interactions. As a result, people may be seen as being unreasonably rude. Thus, self-oriented lies may buffer awkwardness that may be ensued in an interaction due to communicators being completely honest. These findings are congruent with the results of this study such that self-oriented lies are found regardless of situation. People tell lies to benefit themselves in both therapy and social situations. The involvement of an intimate setting such as therapy does not change the motivation of people to use self-oriented lies (DePaulo, et al., 1996).

The fourth question investigated the relational effects of using deception in a social interaction and therapist interaction. Hypothesis 4 expected that people would view deception

as being destructive compared to being helpful to the relationship in both settings. Specifically, the use of deception would be viewed as being destructive to the relationship compared to being destructive to themselves, or the other person. As such, it was expected that deception would be viewed as being more destructive to the relationship in the therapy interaction setting compared to the social interaction setting. However, hypothesis 4 was not supported. Overall, deception was viewed as being more destructive than helpful in both settings of interaction. Results indicated that people found the overall use of deception to be low on acceptability. In addition, deception was also perceived as destructive. These findings may indicate that because deception is destructive in nature, it is therefore perceived to be unacceptable to use. While results indicated there were no significant differences between groups, analysis of the level of destructiveness indicated that the deception was perceived to be more destructive to the self, compared to the other person, or the relationship for both settings. This study found that deception was perceived to benefit the self more, yet it was endorsed to be most destructive to the self. While this may seem contradictory, Vrij's (2008) and Triver's (2002) definition of self-deception may provide some clarity. Vrij notes that self-deception is a process of deception in which people fool themselves. According to Trivers (2002), self-deception is the denial of deception created by the unconscious and is based on selfish and deceitful plans. Self-deception is used to create an image that appears to be altruistic. However, while self-deception may appear helpful to the liar, Vrij (2008) identifies that self-deception can be self-destructive. Vrij provides the example of someone ignoring the seriousness of several bodily symptoms, which may be life-threatening. That person may deny, or ignore the seriousness of those symptoms because of their self-

deception and attempt to appear better than they actually are. As such, a person driven by self-oriented motives may end up hurting themselves more than they anticipated. While not explicitly measured, participants may see some benefit of lying for the self, in that it prevents awkward situations (social lies; Vrij, 2008) or some initial gains (DePaulo et al., 1996), however, the destructiveness is related to the self, if the lie is discovered.

The final question examined whether people would prefer to use deception versus having a conflict with another person in the social interaction setting, or therapy interaction setting. As predicted by Hypothesis 5, people endorsed the use of deception for both settings in order to avoid conflict. These findings are congruent with Peterson's (1996) study which observed the tendency for individuals to use deception frequently as an effective method of conflict avoidance. Guthrie and Kunkel (2013) note that while honesty and openness are desirable traits among romantic partners and other relationships, partners may utilize deception in order to meet personal or relational goals.

Similar to the procedures used in DePaulo and colleagues (1996) study, participants in Guthrie and Kunkel's study were asked to complete a diary entry for every instance in which deception was used with their romantic partner. Entries were then examined by the research for instances of and reasons for using deception. Results indicated that people used deception in their relationships for various motives including managing face needs, negotiating dialectical tensions, establishing relational control, and engaging in relational maintenance. The latter involved participants using deception to avoid relational turbulence, avoid confrontation, avoiding suspicion, and avoiding negative partner reaction.

These reasons suggest that people use deception as a means to avoid conflict that may result in negative consequence for the persons in the relationship. In the current study, deception was preferred to having an argument. These findings are congruent with Spitzberg and Cupach (2007) who state that the function of deception in intimate relationships is to avoid relational trauma and conflict, which may be perceived as being practically more dysfunctional than the use of deceptions. As a result, the findings of the current study may be based on the perception that the cost of telling the truth would be more damaging to the parties involved in the interactions than the use of deceptive strategies. Therefore, deception may have been perceived as being the better option between the two choices.

Limitations and Future Direction

There were several limitations noted in this study. First, only videos displaying an interaction were used in this study. Using videos, while easier to control, may not as accurately represent the way people interact with others. Undoubtedly, interacting with a person is quite different from perceiving an interaction in a video. It would be interesting to examine actual interactions to see whether perceivers respond differently in each setting. Although videos allowed for stricter control in the experimental situation, ultimately the main focus is on identifying motivation for deception in the occurrence of real life social and therapy settings. In addition, the order of the videos replicated the order of the vignettes used in Peterson's (1996) study. While exposure effect was not accounted for, results did not reveal a consistent increase or decrease in means as participants were exposed to the video stimuli. However, it is recommended that future studies randomize the sequence of videos to eliminate confounds associated with exposure effect.

Secondly, while the videos were labeled as “Therapy” and “Social Situation,” it may not have been understood what the actual level of closeness was between the deceiver and receiver of deceit. It is possible that both situations were viewed as being non-intimate, or intimate in nature. Future investigations may consider measuring perceived level of closeness in each situation as to establish whether the social situation was perceived as being a casual, non-intimate relationship, and the therapy situation was perceived as an intimate relationship.

Third, the gender of the deceiver used throughout all the videos was a male. While gender differences of deceiver were not analyzed, it is possible that the gender of the deceiver may elicit different outcomes. The current study was unable to account for deceiver gender as a variable. Previous research has shown that men and women use different types of deceit. Men are more inclined to tell self-oriented lies than women, whereas women tell more other-oriented lies compared to men (DePaulo, et al., 1996; DePaulo & Bell, 1996; Feldman et al., 2002). In addition, men and women have been found to utilize deception in different ways in various situations, such as dating (Vrij, 2008). Based on previous research, it would be interesting to examine whether the gender of the deceiver elicits a differential response for deception to occur in one particular setting over the other.

Fourth, the participants in the study were all undergraduate university students at ranging in age between 18-38 years, limiting our ability to generalize the results as college students are not a representative sample of the entire therapy population. Participants were also largely a university convenience sample. It may be worthwhile to examine individuals who have been to therapy. This may promote research within the area of client motivations to use deception in therapy compared to using deception in a social setting. These topics

certainly are a worthwhile area for future investigations regarding the motivation for deception.

Implications for Research

The current study contributes to the current research literature on deception. Results from this study have important implications for research that evaluates situational influences that motivate the use of deception. In particular, results imply that a social situation and professional helping situation do not elicit different levels of deception.

Therapists and other professionals in the counseling and psychotherapy fields can benefit from this study by understanding that the occurrence of deception in therapy may not be much different than in social settings, regarding its frequency and use. It is important for therapists to know that clients may lie in therapy (Sosa et al, 2014); however, despite a therapist's efforts to create a setting that promotes honesty and openness, the function of clients' lies are no different than other situations. However, therapists are advised to undertake a more passive approach and not make it a priority to detect client deception in therapy (Kottler & Carlson, 2011). It is simply important that professionals in the mental health field are aware that deception occurs in therapy and is motivated by many variables, which do not appear to be unique to therapy based on the current findings. Overall, therapists' understanding their roles in client deception and the role of deception in psychotherapy may be more valuable for training (Curtis & Hart, 2015).

In addition, the current study also contributes to deception literature through exploring the global acceptability of deception. The current research database lacks in literature examining the Revised Lie Acceptability Scale and its correlation to acceptance of

different types of lies. Based on results from the current study, it was found that deception was viewed as being more unacceptable than acceptable. This information may be used to guide future studies that explore when deception is deemed acceptable and unacceptable, and how findings correlate to perceivers RLAS scores.

Knowing that deception does not significantly differ based on settings of interactions, it is possible that situational motivations may be present in other professions besides therapy. Deceit can be a factor in other professions such as doctors, or lawyers. As such, future research could explore whether motivation for deception occurs in the setting of other professions, and not specifically a therapeutic setting.

In addition, it is not known whether the level of closeness in the social, or therapy setting was perceived as expected. The current research did not examine the participants' perceptions of the interaction settings on levels of closeness. Thus, it is unknown if the social situation was perceived as being a less intimate, casual relationship, and the therapy situation being considered as an intimate relationship. While prior research has shown people are less likely to tell lies to those whom they feel more emotionally close (Vrij, 2000), the therapeutic setting may not have elicited an emotional closeness to result in a difference between settings. After all, the closeness of the therapeutic relationship is created by and solely involves the client and therapist, and may not be perceived by a third person. As noted by Horvath (2005), there are a variety of conceptualizations of the relationship between therapist and client as well as the impact the quality of this relationship has on the client. Horvath (2005) presents that the understanding of quality is best seen through therapeutic alliance and rapport created over time. Research has also shown that therapists are also inclined to value

honesty. As such, they may have negative attitudes towards client deception because of the collaborative efforts with the client to establish and maintain the therapeutic alliance (Newman & Strauss, 2003). Therefore, the therapeutic alliance and closeness may not be perceived, or understood by someone outside the relationship. Future designs might explore the perceptions of levels of closeness in various settings of communication to determine if motivations for deception differ.

The current deception literature is broad and covers a vast array of topics ranging from motivations of deception to the relatively small, but upcoming exposure on detecting deception within the context of therapy. As such, future researchers are encouraged to further explore deception within the context of therapy and other settings. Overall, this study further contributes to the current deception literature and to the practice of counseling and clinical psychology by seeking to expand our understanding of deception in the therapeutic setting.

REFERENCES

- Brent, D. A., & Kolko, D. J. (1998). Psychotherapy: Definitions, mechanisms of action, and relationship to etiological models. *Journal of Abnormal Child Psychology*, 26(1), 17-25. doi:10.1023/A:1022678622119.
- Bryant, E. (2008). Real lies, white lies and gray lies: Towards a typology of deception. *Kaleidoscope: A Graduate Journal of Qualitative Communication Research*, 723-48.
- Burgoon, J. K., & Buller, D. B. (1994). Interpersonal deception: III. Effects of deceit on perceived communication and nonverbal behavior dynamics. *Journal of Nonverbal Behavior*, 18(2), 155-184.
- Buunk, B. P., Schaap, C., & Prevoo, N. (1990). Conflict resolution styles attributed to self and partner in premarital relationships. *The Journal of Social Psychology*, 130(6), 821-823.
- Camden, C., Motley, M. T., & Wilson, A. (1984). White lies in interpersonal communication: A taxonomy and preliminary investigation of social motivations. *Western Journal Of Speech Communication: WJSC*, 48(4), 309-325.
- Cole, T. (2001). Lying to the one you love: The use of deception in romantic relationships. *Journal of Social and Personal Relationships*, 18(1), 107-129.
- Corsini, R., & Wedding, D. (1995). *Current psychotherapies* (5th ed.). Itaska, IL: Peacock.

- Curtis, D. A. (2013). *Therapists' beliefs and attitudes towards client deception*. (Order No. 3579625, Texas Woman's University). *ProQuest Dissertations and Theses*, 174.
Retrieved from <http://ezproxy.twu.edu:2048/docview/1508454518?accountid=7102>.
(1508454518).
- Curtis, D. A., & Hart, C. L. (2015). Pinocchio's nose in therapy: Therapists' beliefs and attitudes toward client deception. *International Journal for the Advancement of Counselling*, 37(3), 279-292.
- DePaulo, B. (2009). *Behind the door of deceit: Understanding the biggest liars in our lives*. Lexington, KY: CreateSpace.
- DePaulo, B. M., & Bell, K. L. (1996). Truth and investment: lies are told to those who care. *Journal of personality and social psychology*, 71(4), 703.
- DePaulo, B. M., Kashy, D. A., Kirkendol, S. E., Wyer, M. M., & Epstein, J. A. (1996). Lying in everyday life. *Journal of Personality and Social Psychology*, 70, 979-995.
doi:10.1037/0022-3514.70.5.979
- DePaulo, B. M., & Kashy, D. A. (1998). Everyday lies in close and casual relationships. *Journal of Personality and Social Psychology*, 74, 63-79. doi:10.1037/0022-3514.74.1.63
- DePaulo, B. M., Lindsay, J. J., Malone, B. E., Muhlenbruck, L., Charlton, K., & Cooper, H. (2003). Cues to deception. *Psychological Bulletin*, 129, 74-118. doi:10.1037/0033-2909.129.1.74

- Farber, B. A., Berano, K. C., & Capobianco, J. A. (2004). Clients' perceptions of the process and consequences of self-disclosure in psychotherapy. *Journal of Counseling Psychology*, 51(3), 340.
- Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods*, 41, 1149-1160.
- Feldman, R. S., Forrest, J. A., & Happ, B. R. (2002). Self-presentation and verbal deception: Do self-presenters lie more? *Basic and applied social psychology*, 24(2), 163-170.
- Granhag, P. A., & Strömwall, L. A. (2004). Research on deception detection: Past and present. In P. Granhag & L. Strömwall (Eds.), *The detection of deception in forensic contexts*. (pp. 3-12). Cambridge, UK: Cambridge University Press.
- Guthrie, J., & Kunkel, A. (2013). Tell me sweet (and not-so-sweet) little lies: Deception in romantic relationships. *Communication Studies*, 64(2), 141-157.
doi:10.1080/10510974.2012.755637
- Hart, C. L., Curtis, D. A., Williams, N. M., Hathaway, M. D., & Griffith, J. D. (2014). Do as I say, not as I do: Benevolent deception in romantic relationships. *Journal of Relationships Research*, doi:10.1017/jrr.2014.8
- Hart, C. L., Hudson, L. P., Fillmore, D. G., & Griffith, J. D. (2006). Managerial beliefs about the behavioral cues of deception. *Individual Differences Research*, 4, 176-184.
- Horvath, A. (2005). The therapeutic relationship: Research and theory. *Psychotherapy Research*, 15(1/2), 3-7. doi:10.1080/10503300512331339143.

- Kaplar, M. E. (2006). *Lying happily ever after: Altruistic white lies, positive illusions, and relationship satisfaction* (Doctoral dissertation, Bowling Green State University).
- Kaplar, M. E., & Gordon, A. K. (2004). The enigma of altruistic lying: Perspective differences in what motivates and justifies lie telling within romantic relationships. *Personal Relationships*, 11(4), 489-507.
- Kashy, D. A., & DePaulo, B. M. (1996). Who lies? *Journal of Personality and Social Psychology*, 70(5), 1037-1051. doi:10.1037/0022-3514.70.5.1037
- Kottler, J., & Carlson, J. (2011). *Duped: Lies and deception in psychotherapy*. New York, NY US: Routledge/Taylor & Francis Group.
- Krauss, R. M. (1981). Impression formation, impression management, and nonverbal behaviors. In E. T. Higgins, C. P. Herman & M. Zanna (Eds.), *Social Cognition: The Ontario Symposium*, Vol. 1. Erlbaum.
- Lindskold, S., & Walters, P. S. (1983). Categories for acceptability of lies. *Journal of Social Psychology*, 120129-136. doi:10.1080/00224545.1983.9712018
- Locke, B., Keiser-Clark, D. (2012). PsychData (Version 1) [Software]. Available from <https://www.psychdata.com/>
- McLeod, B. A., & Genereux, R. L. (2008). Predicting the acceptability and likelihood of lying: The interaction of personality with type of lie. *Personality and Individual Differences*, 45591-596. doi:10.1016/j.paid.2008.06.015
- Metts, S. (1989). An exploratory investigation of deception in close relationships. *Journal of Social and Personal relationships*, 6(2), 159-179.

- Newman, C. F., & Strauss, J. L. (2003). When clients are untruthful: Implications for the therapeutic alliance, case conceptualization, and intervention. *Journal of Cognitive Psychotherapy*, 17, 241-252. doi:10.1891/jcop.17.3.241.52534
- Peterson, C. (1996). Deception in intimate relationships. *International Journal of Psychology*, 31(6), 279-288.
- Petress, K. (2004). Some thoughts about deception. *Journal of Instructional Psychology*, 31(4), 334.
- Ritvo, R. Z., & Papilsky, S. B. (1999). Effectiveness of psychotherapy. *Current opinion in pediatrics*, 11(4), 323-328.
- Rosenhan, D. L. (1973). On being sane in insane places. *Science*, 179, 250-258. doi:10.1126/science.179.4070.250.
- Seiter, J. S., Bruschke, J., & Bai, C. (2002). The acceptability of deception as a function of perceivers' culture, deceiver's intention, and deceiver-deceived relationship. *Western Journal of Communication*, 66(2), 158-180. doi:10.1080/10570310209374731.
- Sosa, S. L., Gonzales, H. C., Curtis, D.A., & Hart, C. L. (2014, May). *Deception in therapy: frequencies, types, and therapist relationship*. Poster presented at the 26th APS Annual Convention, San Francisco, CA.
- Spitzberg, B. H., & Cupach, W. R. (Eds.). (2009). *The dark side of interpersonal communication*. Routledge.
- Sprecher, S., & Hendrick, S. S. (2004). Self-disclosure in intimate relationships: Associations with individual and relationship characteristics over time. *Journal of Social and Clinical Psychology*, 23(6), 857-877.

- Stilwell, B., Galvin, M., & Gaffney, M. (2006). Progress in conscience sensitive psychiatry: assessment, diagnosis and treatment planning. *Conscience Works, An on-line Periodical: Theory, Research and Clinical Applications*, 2, 5-30.
- Stricker, G. (2003). The many faces of self-disclosure. *Journal of Clinical Psychology/In Session*, 59, 623–630.
- Torgerson, F. G. (1962). The differentiating and defining casework and psychotherapy. *Social Work*, 7(2), 39-45).
- Turner, R. E., Edgley, C., & Olmstead, G. (1975). Information control in conversations: Honesty is not always the best policy. *Kansas Journal of Sociology*, (1). 69.
- Vrij, A. (2000). *Detecting lies and deceit: The psychology of lying and the implications for professional practice*. West, Sussex, England: John Wiley & Sons Ltd.
- Vrij, A. (2008). *Detecting lies and deceit: Pitfalls and opportunities* (2nd Ed.). West, Sussex, England: John Wiley & Sons Ltd.
- Weiss, B., & Feldman, R. S. (2006). Looking good and lying to do it: Deception as an impression management strategy in job interviews. *Journal of Applied Social Psychology*, 36(4), 1070-1086. doi:10.1111/j.0021-9029.2006.00055.x
- Young, M. E. (2001). *Learning the art of helping: Building blocks and techniques*. Columbus, OH: Merrill.
- Zuckerman, M., DePaulo, B. M., & Rosenthal, R. (1981). Verbal and nonverbal communication of deception. *Advances in Experimental Social Psychology*, 14(1), 59.

APPENDIX A

Demographic Questionnaire

Age: _____

Sex: ___Male ___Female ___Intersex

Gender: ___Woman ___Man ___Transgender

Race/Ethnicity:

___ 1) African American/Black

___ 2) Caucasian/European American

___ 3) Asian/Asian American/Pacific Islander

___ 4) Native American/Alaskan Native

___ 5) Hispanic/Latina/Latino

___ 6) Bi Racial

___ 7) Multi racial

___ 8) Other: _____

Education (Indicate highest level):

___ High School

___ Some College

___ 4 year college degree

___ Master's degree

___ Other

Classification: Freshman Sophomore Junior Senior

Major: _____

APPENDIX B

Motivation for Deception Questionnaire

Level of Likelihood of Deception Use**1. What is the likelihood that you would respond the same way as Person B?**

- 1 – Extremely unlikely
- 2 – Unlikely
- 3 – Slightly unlikely
- 4 – Neutral
- 5 – Slightly likely
- 6 – Likely
- 7 – Extremely Likely

Own Frequency of Deception Use**2. If you were Person B, how often would you respond the same way to person A?**

- 1 – Never
- 2 – Rarely, in less than 10% of the chances when I could have
- 3 – Occasionally, in about 30% of the chances when I could have
- 4 – Sometimes, in about 50% of the chances when I could have
- 5 – Frequently, in about 70% of the chances when I could have
- 6 – Usually, in about 90% of the chances I could have.
- 7 – Every time

Level of Acceptability of Deception Use**3. How acceptable was Person B's response?**

- 1 – Totally unacceptable
- 2 – Unacceptable
- 3 – Slightly unacceptable
- 4 – Neutral
- 5 – Slightly acceptable
- 6 – Acceptable
- 7 – Perfectly Acceptable

Level of Agreement of Deception Use**4. I would respond similarly as Person B for the benefit of Myself:**

- 1 – Strongly disagree
- 2 – Disagree

- 3 – Somewhat disagree
- 4 – Neither agree or disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

5. I would respond similarly as Person B for the benefit of Person A:

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree or disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

6. I would respond similarly as Person B for the benefit of the relationship between Person A and Person B:

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree or disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

Destructiveness of Deception Use

7. What effect would Person B's frequent use of communications of this type have on themselves?

- 1 – Extremely Helpful
- 2 – Helpful
- 3 – Neutral
- 4 – Destructive
- 5 – Extremely Destructive

8. What effect would Person B's frequent use of communications of this type have on Person A?

- 1 – Extremely Helpful
- 2 – Helpful
- 3 – Neutral
- 4 – Destructive

5 – Extremely Destructive

9. What effect would Person B's frequent use of communications of this type have on the relationship between Person A and Person B?

1 – Extremely Helpful

2 – Helpful

3 – Neutral

4 – Destructive

5 – Extremely Destructive

Preference for argument over Deception

10. If you were faced with a choice between using this type of communication versus having a quarrel or an argument with Person A, which would you choose?

1 – Definitely this type of statement

2 –

3 –

4 –

5 – Definitely the argument

APPENDIX C

The Revised Lie Acceptability Scale

1. Lying is immoral.

Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
-------------------	---	---	---	---	---	---	---	----------------

2. It is ok to lie in order to achieve one's goals.

Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
-------------------	---	---	---	---	---	---	---	----------------

3. There is no excuse for lying to someone else.

Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
-------------------	---	---	---	---	---	---	---	----------------

4. Honesty is always the best policy.

Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
-------------------	---	---	---	---	---	---	---	----------------

5. It is often better to lie than to hurt someone's feelings.

Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
-------------------	---	---	---	---	---	---	---	----------------

6. Lying is just wrong.

Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
-------------------	---	---	---	---	---	---	---	----------------

7. Lying is no big deal.

Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
-------------------	---	---	---	---	---	---	---	----------------

8. There is nothing wrong with bending the truth now and then.

Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
-------------------	---	---	---	---	---	---	---	----------------

APPENDIX D

Video Scripts

Scenario 1 (Omission)

Person A left their drink on the table before going to the restroom. While Person A was away, Person B accidentally bumped the table causing the drink to spill on the table.

When Person A returned and saw the spill they said:

Person A: Oh dear, I should be careful not to spill my drink next time.

Person B: (does not respond)

Scenario 2 (Half-Truth)

Person A: Did you have lunch with your boyfriend?

Person B: Yes, it was great

In fact Person B did have lunch, but with their mother instead.

Scenario 3 (White Lie)

Person A enjoys talking to Person B; however Person B dislikes talking to Person A.

Person A: What do you think of the conversations we have had so far?

Person B: It is nice to talk to you. I enjoy it.

Scenario 4 (Exaggeration)

Person A: How's your current relationship with your BF/GF?

Person B: My current relationship is the greatest relationship I have ever been in! I am so in love!

In fact Person B's relationship has been about as average as past relationships.

Scenario 5 (Blatant Lie)

Person A has encouraged Person B to exercise daily and socialize more.

Person A: What have you done today?

Person B: I went running this morning, and ate breakfast with my friend.

In fact Person B did not go running, nor did they have breakfast. Instead Person B slept in until it was time to meet Person A.

Scenario 6 (Failed Deceptions)

Person B scheduled to meet with Person A after work, but during the morning Person B decided they did not want to meet with Person A. So they met with Person A briefly after work to let them know the following:

Person A: Glad you could meet me today.

Person B: I can't stay for our meeting. The boss has just called a meeting for this evening.

At the time that Person B met with Person A, no meeting was scheduled. But, to Person B's surprise, late in the afternoon the boss did actually call such a meeting.